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Bib Data Sheet

CONFIRMATION NO. 2023

SERIAL NUMBER 09/914,248	FILING DATE 08/24/2001 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. P01.0292	
APPLICANTS Gunnar Magnusson, Arsta, SWEDEN; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/SE00/00203 02/01/2000 ** FOREIGN APPLICATIONS ***** SWEDEN 9900682-7 02/25/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY SWEDEN	SHEETS DRAWING 3	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 1
ADDRESS 26574					
TITLE Implantable tissue stimulating device					
FILING FEE RECEIVED 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 914248	RECEIPT DATE:	08 / 24 / 01
IA NUMBER: PCT/	SE00 / 00203	IA FILING DATE:	02 / 01 / 00
FAMILY NAME:	MAGNUSSON	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	GUNNAR	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	02 / 25 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	P01.0292	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	026574	TELEPHONE 3122585600
			FAX 3122585600
NAME:	SCHIFF HARDIN & WAITE		
STREET:	6600 SEARS TOWER		
	233 S WACKER DR		
CITY:	CHICAGO		
STATE/COUNTRY:	IL	ZIP:	606066473
EMAIL:			
APPLICATION TITLES:			
	IMPLANTABLE TISSUE STIMULATING DEVICE		

TAB TO LAST POSITION,PUSH SEND